

PUBLIC HEALTH CONTRACTOR CERTIFICATION STATEMENT
REGARDING TERMS AND CONDITIONS

Please print out this page, complete the certification statement below, to include the contract number and return the signed page to the address at the bottom of this page.

I certify that I have read and understand the EEO/Non-Discrimination, HIPAA and Insurance contracting requirements on the Public Health website <http://www.kingcounty.gov/health/contracts>, and I agree to comply with all of the contract terms and conditions detailed on that site.

Contract #: _____

Agency Name: _____

Agency Address: _____

Signature: _____ Date: _____

Printed Name & Title: _____

Return this completed page to:

Contracts Section
Public Health – Seattle & King County
401 Fifth Avenue, Suite 1300
Seattle, WA 98104